Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09-10-2008</u>	Address:	2818 WASHINGTON AVENUE
Case #;	35F28173		APARTMENT 13
County:	<u>KNOX</u>		VINCENNES, IN 47591
Type of Laboratory Seizure (check one) Scizure Location (check all that apply)			heck all that apply)
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		⊠ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
_(check al] th	ad: Location (bedroom, kitchen, open g lat apply) /Anunonia Reaction(s):	tir. e(c)	
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: <u>BEDROOM/KITCHEN</u>			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (it	em and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report	is to be faxed to the following agen	cies that serve the loc	ation:
	nent: <u>VINCENNES FD</u>	Fax:	<u> </u>
Health Department: <u>KNOX COUNTY HD</u>		Fax:	
Child Protec	tion Service:	Fax:	•
For further in Investigating	nformation regarding this methamphe (Officer: <u>RYAN M. JOHNSON</u>	etamine laboratory, con Phone <u>812-867-2079</u>	ntaet
This form	is to be faxed to the Fire Department, Healthin 24 hours of scene processing.	th Department and/or Child	Protective Services Department

*** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.